

RESIDENTIAL BUILDING PERMIT APPLICATION



Applicant to complete all required spaces JOB ADDRESS (CORRECT ADDRESS IS REQUIRED TO PROCESS THIS APPLICATION) LOT NO. BLOCK TRACT/SUBDIVISION 2. LEGAL **DESCRIPTION*** 3. OWNER MAILING ADDRESS PHONE 4 CONTRACTOR * MAILING ADDRESS 7IP PHONE 5. ARCHITECT OR DESIGNER* MAILING ADDRESS PHONE 6. ENGINEER * MAILING ADDRESS ZIP PHONE 7. USE OF BUILDING* 8. CLASS OF WORK*: 👶 NEW 🚅 ADDITION 🚅 ALTER /REPAIR 🚅 GRADE / FILL 🚅 UTILITIES 🚅 ALTER EXISTING CHANNEL? 🚅 MISCELLANEOUS* *explain below 9. DESCRIBE TYPE OF WORK YOU ARE PERFORMING*: 10. FLOOD ZONE*: YES (see p.3) OR NO *(FEMA Certificate is REQUIRED regardless of Flood Zone) 11. TRCC Registration No.: 12. TYPE OF ROOF*: 13. Total VALUATION OF WORK*: (for New Homes: Total Selling Price of Home, including lot price) 14. BUILDING HEIGHT: **Special Conditions:** 15. SLAB ELEVATION*: Slab/lowest floor of structure in flood prone area shall be certified by a registered For building improvements, will value of current improvements engineer or registered public surveyor to be 12 inches above the base flood elevation. exceed 50% of the market value of previous structure? A signed and stamped form survey with slab form MSL elevation shall be submitted during slab inspection. Final construction elevation certificate will be required to If site is located fully or partially in the flood zone, page 3 of this packet (supplemental floodplain form) must be completed to deem obtain the certificate of occupancy. the current building permit application complete. APPLICANT NEEDS TO COMPLETE THE FOLLOWING SPACES BELOW. NOTICE State N/A to those sections that do not apply to the structure or SEPARATE PERMITS ARE REQUIRED FOR DRIVEWAY, DRIVEWAY APPROACHES,
PUBLIC WALKS, RAMPS, SIGNS, ELECTRICAL, MECHANICAL, PLUMBING, HEATING,
OR VENTILATING. THIS PERMIT BECOMES NULL AND VOID IF WORK OR
COSTRUCTION AUTHORIZED IS NOT COMMENCED WITHIN 6 MONTHS, OR IF
CONSTRUCTION IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS AT work you are performing. Construction Type Occupancy Group Occupant Load 1st Floor (S.F) **Number of Stories** Parking Spaces ANY TIME AFTER WORK IS COMMENCED. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF 2nd Floor (S.F) Total Paving Use Zone WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. Lot Size Fire Sprinkler Req. 3rd Floor (S.F.) FOR OFFICE USE ONLY or No Total Building (S.F.) Garage (S.F.) % Lot Coverage PLAN REVIEW FEE: Amount due at time of submittal Plan Review fee x .50 = **Approvals** SIGNATURE OF APPLICANT DATE Accepted by PSR _____ Date PRINTED NAME OF APPLICANT PHONE NUMBER Building Official Date F-MAIL ADDRESS Application Number FAX NUMBER Building Permit fee shall be paid after plan review is completed BUILDING PERMIT FEE \$_____

Permit Fees Total Valuation

A. Building

Less than \$1,000 No fee, unless an inspection is required, in which

case a \$15.00 fee for each inspection shall

be charged.

\$1,000 to \$49,999.99 \$15.00 for the first \$1,000.00 plus \$5.00 for each

additional thousand or fraction thereof, to and

including \$49,999.99

\$50,000 to \$99,999.99 \$260.00 for the first \$50,000 plus \$4.00

for each additional thousand or fraction thereof, to and including \$99,999.99

\$100,000 to \$499,999.99 \$460.00 for the first \$100,000 plus \$3.00

for each additional thousand or fraction thereof to and including \$499,999.99.

\$500,000 and up \$1,600.00 for the first \$500,000 plus \$2.00

for each additional thousand or fraction thereof.

B. Moving Fee

\$100.00 For the moving of any building or structure.

C. Demolition Fee:

\$50.00 For the demolition of any building or structure,

0 to less than 100,000 cu. ft.

\$0.50/1000 cu ft. 1000,000 cu. ft. and over

D. Plan-checking fee:

When the valuation of the proposed construction exceeds \$1,000.00 and the city requires a plan to be submitted, a plan-reviewing fee shall be paid to the city at the time of submitting plans and specifications for checking. A plan-checking fee shall be equal to one-half of the required building permit fee.

Such plan-checking fee is in addition to the building permit fee.

E. Penalties

Where work for which a permit is required by this Code is started or proceeded prior to obtaining a permit, the fees herein specified shall be doubled, but the payment of such double fees shall not relieve any persons from fully complying with the requirements of this Code in the execution of the work nor from any other penalties prescribed herein.



CITY OF MISSOURI CITY, TEXAS BUILDING PERMIT SUPPLEMENTAL FORM

(For Developments in the Floodplain)

Date:
Job Address (same as on building permit application):
FIRM Zone:
Is the property located in the floodway? ()Yes ()No
If located in the floodway, to what extent do improvements impact the floodway?
Name of the associated watercourse:
Has a copy of signed and sealed elevation certificate been prepared to submit with building permit application? ()Yes ()No
Has item A6 on the elevation certificate been completed? ()Yes ()No Note: The City of Missouri City requires at least 2 photographs of each building located in the flood zone, regardless of whether the certificate is being used to obtain flood insurance.
Is elevation datum used for BFE in item B9 in accordance with NAVD 1988 (2001 adjustment)? ()Yes ()No Note: The City of Missouri City requires all vertical datum reference in the city to be in accordance with NAVD 1988 (2001 adj) standards, to maintain consistency with existing TSARP datum in Harris County.
Has this site obtained all necessary federal, state, or local permits? ()Yes ()No
Does this site involve a Letter of Map Change to the current FIRM? ()Yes ()No
Does this site involve a variance to the community's flood ordinance? ()Yes ()No
For questions related to floodplain requirements, contact the city's floodplain Administrator at 281. 403.8580 or email jchen@missouricitytx.gov.
FOR INTERNAL USE ONLY:
() Permit Application Complete Permit Application Approved () Denied ()
() Variance Application Accepted () Variance Issued